



Dates:

Please complete all parts, attach payment, & return to the Edison office.

Student: _____ Grade: _____ Room: _____

Parent(s): _____

Tel 1: _____ Tel 2: _____

Email(s): _____

Emergency Contact (*other than you*, reachable during program hours):

Name: _____ Tel: _____

Allergy, medical or other helpful information? _____

My child has my permission to:

- ☐ go on walking field trips with program staff or volunteers
- ☐ use the internet with adult supervision
- ☐ have their photo used in print or on the ESP web site

At the end of class, my child will:

- ☐ go home on their own ☐ wait for me to pick them up
- ☐ other: _____

I would like to support the program by:

- ☐ volunteering during one or more sessions
- ☐ providing a healthy group snack
- ☐ placing an ad in this issue
- ☐ other: _____

*Thanks for
your support!
If you checked
any of these boxes
we will contact you!*

The fee for this session is \$___ for ___ weeks

I have enclosed ☐ cash ☐ check (to *Kirsten Haugen*) for ..\$ _____

☐ I'd like to request scholarship help in the amount of\$ _____

☐ I'd like to donate to the scholarship fund\$ _____

Please ask if you need scholarship help or to divide the fee into payments.

Parent Signature: _____ Date: _____